

# MHF-MGH Scholarship Program

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## THE PROGRAM

Molokai Health Foundation (MHF) and Molokai General Hospital (MGH) has established a scholarship program to assist Molokai Keiki O Ka`Aina who plan to continue their education in health professional programs. Renewable scholarships are offered for each year of full-time study at an accredited institution of the student's choice.

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## ELIGIBILITY

- Students who are presently enrolled or have been accepted in full-time study at an accredited college, university, or vocational-technical school for a health profession that fulfills a need on Molokai.
  - Applicant should have completed at minimum one entire elementary, middle, or high school academic year on Molokai.
  - Current Molokai professionals who are seeking advanced degrees should have completed at minimum one year of full-time employment with a Molokai provider.
  - Recipient should exhibit a sincere intent to provide service to Molokai upon completion of the sponsored area of study.
  - The application must be downloaded, completed, and mailed for submission. Incomplete applications will not be evaluated.
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## AWARD

Up to two recipient awards will be granted each year. If selected as a recipient, the student will receive an annual \$8,000 award. Payments are made in equal installments at the beginning of the Spring and Fall semesters. Awards may be renewed each year until a degree, certificate, or license is earned, whichever occurs first. Renewal is contingent upon satisfactory 3.0 GPA academic performance in a full-time course of study.

Awards are intended to meet the financial needs of a student to ensure completion of a program. Recipients are required to notify the Scholarship Committee of any changes in address, school enrollment, or other relevant information, and to send a complete transcript when requested. At least one MHF/MGH Board Member will keep in contact with the recipient throughout the award duration.

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## **SELECTION OF RECIPIENTS**

Scholarship recipients are selected based on the information supplied, academic record, work experience, statement of goals and aspirations, and an appraisal of health professional shortage on Molokai. Financial need is not considered.

Selection of recipients is by a Scholarship Committee comprised of MHF and MGH representatives. In no instance does any immediate family member of an applicant play a part in the selection. All information received is considered confidential and is reviewed only by the Scholarship Committee.

This is a rolling scholarship, as such there is no deadline to apply, applications are continuously accepted. Applicants will receive acknowledgment of receipt of their application; qualified applicants will be notified of a next award date. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

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## **ADDITIONAL INFORMATION**

Sponsors reserve the right to review the conditions and procedures of the scholarship program and to make changes at any time.

Questions regarding the scholarship program should be addressed to:

**MGH/MHF Scholarship**  
**PO Box 1070**  
**Kaunakakai, HI 96748**

**Email:** [jkalanihuia@queens.org](mailto:jkalanihuia@queens.org)

**Download application at:** <https://www.queens.org/locations/hospitals/molokai/>

1/2020

**Molokai Health Foundation/Molokai General Hospital  
Health Career Scholarship**

**APPLICATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternative Contact Person \_\_\_\_\_

Alternative Contact Phone \_\_\_\_\_

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School currently attending: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ (m/y) to \_\_\_\_\_ (m/y) Degree: \_\_\_\_\_

Prior School or College: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ (m/y) to \_\_\_\_\_ (m/y) Degree: \_\_\_\_\_

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Work Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awards/Honors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Volunteer/Community Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Professional/Academic References: Include 2 reference letters from the list below.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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**Mail References and Completed Application to:**

**Molokai Health Foundation  
Attn: Scholarship  
PO Box 1070  
Kaunakakai, HI 96748**

**MHF/MGH Scholarship  
Application Essay**

Describe on one page your educational and career goals which you will achieve with this award.

**Molokai Health Foundation/Molokai General Hospital  
Health Career Scholarship**

Verification of Acceptance to Program  
Letter of Good Standing – Must be accompanied by an official transcript

*For School Use Only*

Mail: Molokai Health Foundation  
Attn: Scholarship  
P.O. Box 1070  
Kaunakakai, HI 96748

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Program Admitted: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Date classes start: \_\_\_\_\_

The student will be enrolled: Full-time Part-time

Are there conditions to the student's continuation in this program/graduation? YES NO

If YES, please explain: \_\_\_\_\_

Time to complete program (number of months/years): \_\_\_\_\_

Anticipated date of graduation from program: \_\_\_\_\_

Degree/Certificate/License student will receive upon completion: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Thank You,  
MHF/MGH Scholarship Committee